

INSTRUCTIONS: REQUEST FOR LSTA REIMBURSEMENT PAYMENTS
LIBRARY SERVICES AND TECHNOLOGY ACT – PL 108-81, AS AMENDED
FFY06 PROGRAM FUNDS – SOUTH CAROLINA STATE LIBRARY
Submit one copy to LSTA coordinator with required expenditure documentation

Sub-Grant Project Title. Indicate the title you have given to your project.

Name, Address, telephone number and E-mail of (a) Applicant (b) Project Administrator (c) Fiscal Officer (**NOTE:** *Applicant is the library, agency, organization or other qualifying institution submitting the proposal.*)

- I. **Sub-grantee Name:** This is the name of the entity receiving the grant indicated on the award contract. **Date:** This is the date of the award indicated on your award contract.
- II. **Project Administrator, Phone, E-mail:** This is the staff member that is responsible for managing the project on a day-to-day basis, responsible for preparing reports, and serving as the project contact person. Notify State Library of any changes.
- III. **Fiscal Officer, Phone, E-mail:** This is the staff member responsible for financial records of the project on a day-to-day basis and who serves as the contact person on financial matters. The Project Administrator and the Fiscal Officer may be the same in some situations.
- IV. **Total Award:** Indicate the budget (LSTA funds only) as granted or as revised per a SC State Library approved budget revision.
 - **Funds Expended to Date:** Indicate the total amount (LSTA funds only) expended as of the date the Request for Reimbursement is being made.
 - **Reimbursement Received to Date:** Indicate the total amount of LSTA funds already received from the State Library as reimbursement payments.
 - **Reimbursement Requested:** Indicate the total amount of LSTA funds already received from the State Library as advance (NOT reimbursement) payments.
 - **Total Amount Requested:** Indicate the total current amount of LSTA funds being requested for reimbursement from the SC State Library. This should be *Funds Expended to Date* (minus) *Reimbursement Received to Date* (plus) *Reimbursement Requested*.

Signature: The library director, the project administrator or the fiscal officer, must sign requests for reimbursement payments.

Title: Indicate the title of the individual signing the form.

Date: The date the individual signed the form.

NOTE: See page 2 for required documentation.

REQUIRED DOCUMENTATION OF EXPENDITURE
Request for LSTA Reimbursement Payments, FFY 06 Funds

NOTE: Credit card receipts, proforma invoices and packing slips are not acceptable documentation.

Attach or include the following with your "Request for Reimbursement Payments" form:

- Copies of the invoices, which have been approved for payment by the Library director, the program manager, or the fiscal officer.
- Contracts and/or signed letters of agreement must be provided for reimbursement of contractual costs.

Invoices must be legible and must include:

- Invoice Date and Invoice Number
- Clear description of goods and/or services provided and vendor name
- Quantity and unit cost
- Total amount of the invoices with all applicable shipping & handling charges, taxes and discounts
- Budget category and amount charged to LSTA funds.

Each invoice must clearly indicate that it has been APPROVED FOR PAYMENT.

Payment approval consists of an initialed and dated notation such as:

- The words "Approved for Payment" indicating that the goods and/or services have been received as ordered and in acceptable condition.
- South Carolina State Library assigned Project Identification Number, e.g., IID-06-58. (*IID is the budget category, 06 is the funding year, and 58 is the sub-grantee identifying number*)
- Amount charged to LSTA funds.
- Fiscal Officer's signature/initials and date

Example:

RECEIVED IN GOOD CONDITION AND
APPROVED FOR PAYMENT: _____

(Fiscal Officer's Signature)

DATE: _____

PROJECT NUMBER: _____

AMOUNT CHARGED TO LSTA: _____